

MDR Tracking Number: M5-05-1676-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 7-30-04.

The IRO reviewed prescription medications from 10-29-03 to 2-11-04.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO Decision.

### **ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay \$754.65 for dates of service 10-29-03 to 2-11-04

- in accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Order is hereby issued this 7th day of April 2005.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

# **Envoy Medical Systems, LP**

**1726 Cricket Hollow**

**Austin, Texas 78758**

**Fax 512/491-5145**

**IRO Certificate #4599**

## **NOTICE OF INDEPENDENT REVIEW DECISION**

April 5, 2005

**Re: IRO Case # M5-05-1676 –01**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits

3. Receipts for prescription expenses
4. Reports from attorneys 4/5/04, 10/8/04
5. RME 2/5/04 Dr. Diamond
6. Report 1/16/03 Dr. Reynolds
7. Medical evaluation 8/25/04 Dr. Personett
8. Follow up and reports 2003 – 2004 Dr. Morris

### History

The patient is a 49-year-old female who was injured when a computer box fell on her neck and right shoulder. Physical therapy and medications were only of minimal benefit. Cervical spine films showed chronic C5-6 changes and a 5/4/01 MRI showed the same changes at the C5-6 level, along with some other changes less severe at the C4-5 level. A cervical CT scan on 7/11/01 showed multiple levels of difficulty compatible with ongoing symptoms. Pain medications, muscle relaxants and anti inflammatories were helpful enough for the patient to return to work briefly, but she was soon laid off and she has had difficulty finding employment since that time. The patient continues with significant discomfort in her neck and shoulder, with some possible primary shoulder pathology contributing to the pain pattern. One of the patient's early treating physicians saw the patient from late 2003 until 2/11/04 and consistently prescribed large doses of Soma, Narco and Valium

### Requested Service(s)

Prescription medications 10/29/03 – 2/11/04

### Decision

I disagree with the carrier's decision to deny the requested medications.

### Rationale

The patient continues to have changes in the cervical spine, and possibly in her shoulder that could be causing significant discomfort. The use of the prescribed medications was recommended by one of her treating physicians. The imaging studies and the report off the initial injury are certainly compatible with continued pain. The medications prescribed have been reasonable and necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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Daniel Y. Chin, for GP